

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
MAY 05 2020

Bayfield Co. Zoning Dept.

|              |             |
|--------------|-------------|
| Permit #:    | 20-0163     |
| Date:        | 7-15-20     |
| Amount Paid: | \$75 5-7-20 |
| Refund:      |             |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application **MUST** be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |  |  |  |  |                                |  |   |  |  |  |  |  |                                |  |
|--|--|--|--|--|--|--------------------------------|--|---|--|--|--|--|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED →   |  | <input checked="" type="checkbox"/> LAND USE |  | <input type="checkbox"/> SANITARY      |  | <input type="checkbox"/> PRIVY |  | <input type="checkbox"/> CONDITIONAL USE        |  | <input type="checkbox"/> SPECIAL USE                   |  | <input type="checkbox"/> B.O.A.  |  | <input type="checkbox"/> OTHER |  |
| Owner's Name:<br>Shay & Jessica Zepczyk                              |  |  |  | Mailing Address:<br>54360 Indian Lk Rd |  |                                |  | City/State/Zip:<br>Mason, WI 54856              |  |  |  | Telephone:<br>715-765-4446   |  |                                |  |
| Address of Property:<br>54915 Four Corners Store Road                |  |  |  | City/State/Zip:<br>Mason, WI 54856     |  |                                |  | Cell Phone:<br>715-209-2347                     |  |  |  | Plumber Phone:   |  |                                |  |
| Contractor:<br>Shay Zepczyk  |  |  |  | Contractor Phone:<br>715-209-2347      |  |                                |  | Plumber:<br>No Plumbing being added             |  |  |  | Plumber Phone:   |  |                                |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  |  |  | Agent Phone:                           |  |                                |  | Agent Mailing Address (include City/State/Zip): |  |  |  | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement)       |  |  |  |                                |  | Tax ID#<br>22810                                |  | Recorded Document: (Showing Ownership)<br>2018R 573066 |  |  |  |                                |  |
| NE 1/4, NE 1/4   |  | Gov't Lot                                    |  | Lot(s)                                 |  | CSM                            |  | Vol & Page                                      |  | CSM Doc #  |  | Lot(s) #   |  | Block #                        |  |
| Subdivision:   |  |  |  |  |  |                                |  |   |  |  |  |  |  |                                |  |
| Section 22, Township 45 N, Range 05 W                                |  |  |  | Town of: Lincoln                       |  |                                |  | Lot Size  |  |  |  | Acreage<br>80 40   |  |                                |  |

|   |   |  |  |   |
|---|---|--|--|---|
| <input checked="" type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue → | Distance Structure is from Shoreline: _____ feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage Birch Lake If yes—continue →                             | Distance Structure is from Shoreline: 90 feet    |  |   |
| <input type="checkbox"/> Non-Shoreland          |   |  |  |   |

|   |   |   |   |                                       |   |  |
|---|---|---|---|---------------------------------------|---|--|
| Value at Time of Completion<br>* include donated time & material<br>\$ 15,000 | Project   | Project # of Stories                        | Project Foundation                                    | Total # of bedrooms on property       | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?      | Type of Water on property                |
|   | <input type="checkbox"/> New Construction               | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement                     | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|   | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Foundation                   | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type:                                     | <input checked="" type="checkbox"/> Well |
|   | <input type="checkbox"/> Conversion                     | <input type="checkbox"/> 2-Story            | <input checked="" type="checkbox"/> Slab              | <input type="checkbox"/> 3            | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type:                       | <input type="checkbox"/>                 |
|   | <input type="checkbox"/> Relocate (existing bldg)       | <input type="checkbox"/>                    | <input type="checkbox"/>                              | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |  |
|   | <input type="checkbox"/> Run a Business on Property     |   | Use<br><input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    |  |
|   | <input type="checkbox"/>                                |   | <input type="checkbox"/>                              |                                       | <input type="checkbox"/> Compost Toilet   |  |
|   |   |   |   | <input type="checkbox"/> None         |   |  |

|  |            |           |            |
|--|------------|-----------|------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: 30 | Width: 26 | Height: 22 |
| Proposed Construction: (overall dimensions)                                    | Length: 24 | Width: 30 | Height: 24 |

|   |                                     |  |            |                |
|---|-------------------------------------|--|------------|----------------|
| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )      |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )      |                |
|   |                                     | with Loft  | ( X )      |                |
|   |                                     | with a Porch   | ( X )      |                |
|   |                                     | with (2nd) Porch   | ( X )      |                |
| <input type="checkbox"/> Commercial Use             |                                     | with a Deck  | ( X )      |                |
|   |                                     | with (2nd) Deck  | ( X )      |                |
|   |                                     | with Attached Garage   | ( X )      |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )      |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date)  | ( X )      |                |
|   | <input checked="" type="checkbox"/> | Addition/Alteration (explain) no plumbing Living & Dining Room   | (24 X 30)  | 720            |
|   | <input type="checkbox"/>            | Accessory Building (explain)   | ( X )      |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain)   | ( X )      |                |
|   | <input type="checkbox"/>            | Special Use: (explain)   | ( X )      |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain)   | ( X )      |                |
|   | <input type="checkbox"/>            | Other: (explain)   | ( X )      |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jessica Zepczyk  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5-6-20

Authorized Agent:  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application **MUST** be submitted

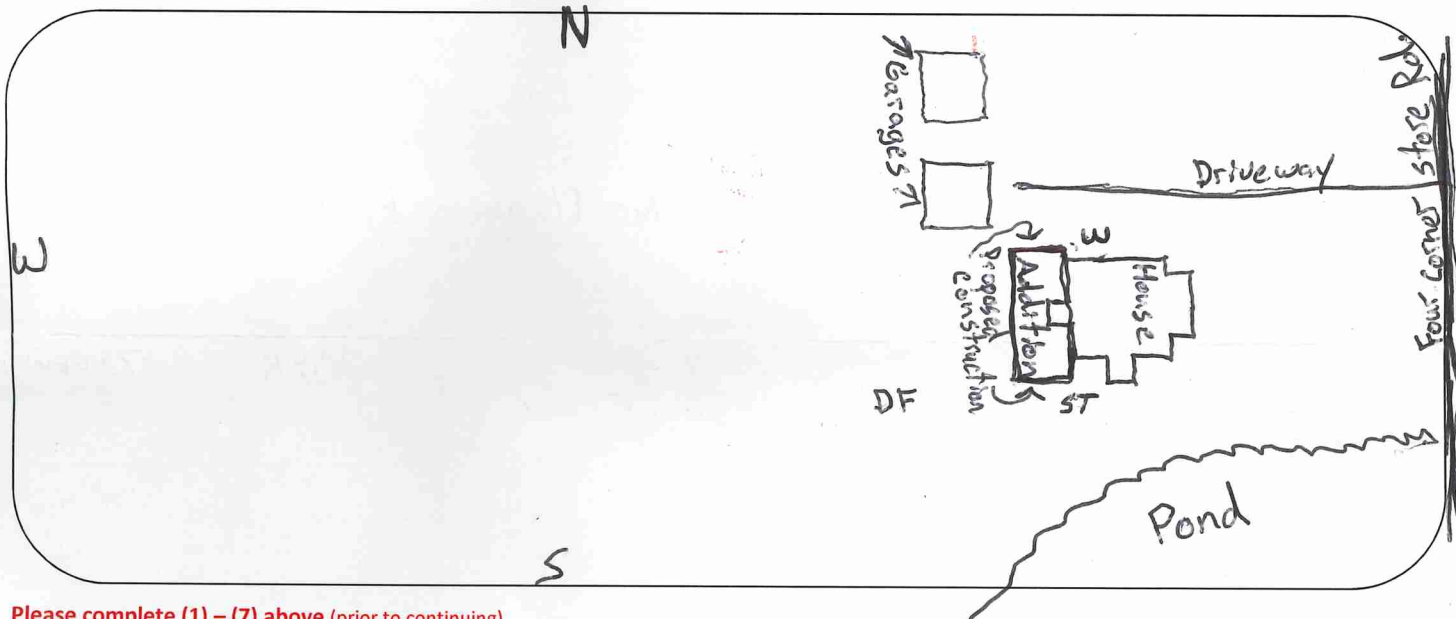
NO FEES??



box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

| Description                                 | Setback Measurements |      | Description                                      | Setback Measurements  |
|---|----------------------|------|--|---|
| Setback from the Centerline of Platted Road | 402                  | Feet | Setback from the Lake (ordinary high-water mark) | 90 Feet   |
| Setback from the Established Right-of-Way   | NA                   | Feet | Setback from the River, Stream, Creek            | NA Feet   |
|   |                      |      | Setback from the Bank or Bluff                   | NA Feet   |
| Setback from the North Lot Line             | 876                  | Feet |  |   |
| Setback from the South Lot Line             | 470                  | Feet | Setback from Wetland - Lake                      | 90 Feet   |
| Setback from the West Lot Line              | 900                  | Feet | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 402                  | Feet | Elevation of Floodplain                          | NA Feet   |
|   |                      |      |  |   |
| Setback to Septic Tank or Holding Tank      |                      | Feet | Setback to Well                                  | 10 Feet   |
| Setback to Drain Field                      | 50                   | Feet |  |   |
| Setback to Privy (Portable, Composting)     | NA                   | Feet |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: **ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.**

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|  |  |   |   |   |
|--|--|---|---|---|
| <b>Issuance Information (County Use Only)</b>  |  | Sanitary Number:  | # of bedrooms:  | Sanitary Date:  |
| Permit Denied (Date):  |  | Reason for Denial:  |   |   |
| Permit #: <b>20-0163</b>   |  | Permit Date: <b>7-15-20</b>   |   |   |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) | <input checked="" type="checkbox"/> No                                      | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))                               | <input checked="" type="checkbox"/> No                                      | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No                                      | Affidavit Required  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)   |  | Previously Granted by Variance (B.O.A.)                                     |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |   |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  | Were Property Lines Represented by Owner                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  | Was Property Surveyed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Inspection Record:   |  |   |   | Zoning District (A-1)   |
| Date of Inspection: <b>5/6/20</b> Inspected by: <b>MP ? Septic age</b>   |  |   |   | Lakes Classification (NA)   |
| Condition(s): <b>Town, Committee or Board Conditions Attached?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) |  |   |   | Date of Re-Inspection:  |
| <b>Get required UDC Inspections</b>  |  |   |   |   |
| Signature of Inspector: <b>Miller</b>  |  |   |   | Date of Approval: <b>7/8/20</b>                                     |
| Hold For Sanitary: <input type="checkbox"/>  | Hold For TBA: <input type="checkbox"/>   | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>  |

own, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **20-99S**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0163** Issued To: **Shay & Jessica Zepczyk**

Location: **NE** ¼ of **NE** ¼ Section **22** Township **45** N. Range **5** W. Town of **Lincoln**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Addition / Alteration: [ 1- Story; Living and Dining Room (24' x 30') = 720 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Get required UDC inspections.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**July 15, 2020**

Date



**Town, City, Village, State or Federal  
Permits May Also Be Required**

LAND USE - X

SANITARY - 425053

SIGN -

SPECIAL - NA

CONDITIONAL - NA

BOA -



# BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION**

No: 07112001-2020

Tax ID: 22922

Issued To: ROBERT J ERDMANN REV TRUST

Location: E 300' OF W 1100' OF NW NE IN Section 27  
V.867 P.637 & 638 441D (ROBERT L  
ERDMAN REV TRUST) IM2I003R-484738  
IM 2003R-484739

Township 45 N.

Range 05 W.

LINCOLN

Govt Lot 0

Lot

Block

Subdivision:

CSM# NA

For: Residential / Sunroom / 14L x 22W x 11H

Condition(s): Must contact local Uniform Dwelling Code (UDC) inspection agency and secure UDC permit if required by Statute or Contract.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**Wed Jul 15 2020**

Date

**(Disclaimer): Any future expansions or development requires additional permitting.**